

FEC
FORM 3REPORT OF RECEIPTS
AND DISBURSEMENTS
For An Authorized CommitteeSECRETARY OF THE SENATE
15 FEB -2 PM 12:12
Office Use Only1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

CONRAD REYNOLDS FOR US SENATE

ADDRESS (number and street)

PO BOX 10333

Check if different
than previously
reported. (ACC)

CONWAY

AR

72034

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00466185

3. IS THIS
REPORT

X

NEW
(N)

OR

AMENDED
(A)

AR

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the
State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

5. Covering Period

M M

10

D D

01

Y Y Y Y

2014

through

M M

12

D D

31

Y Y Y Y

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

CONRAD REYNOLDS

Signature of Treasurer

Conrad Reynolds

Date

M M

01

D D

23

Y Y Y Y

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
OnlyFEC FORM 3
(Revised 02/2003)